

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041182

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2846

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Koch

Length of stay in 1b
15 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Robert Koch

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN St. Louis Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1418 Biddle Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
Mattie Taylor

4. DATE OF DEATH Month Day Year
9 28 62

5. SEX
F

6. COLOR OR RACE
C

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
6-4-96

9. AGE (last birthday)
66

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Miss.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
G. Griffin

13b. MOTHER'S MAIDEN NAME
Rosie Burns

14. NAME OF HUSBAND OR WIFE
Sam Taylor (dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address
A. R. Koch Hospital, Koch, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rheumatic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Portal Cirrhosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10.40 p. and last saw her alive on 9-28-62
Death occurred at 10.40 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
R. Beck M.D.

22b. ADDRESS R. Koch Hospital 22c. DATE SIGNED 9-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE 10-2-1962

23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis (County) Mo.

24. FUNERAL DIRECTOR ADDRESS
Ellis Funeral Home-2820 Stoddard St.

25. DATE RECD. BY LOCAL REG. 10-2-62

26. REGISTRAR'S SIGNATURE
J. M. Murphy M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fulton E. Fulton

Licensed Embalmer No. 4198

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.